#### FORM COR-C/OH

# CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

1 ACCOUNT#	····	2 Total pages filed:					
		9		USE ONLY			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS (MR) FIRST DETEK S NICKNAME LAST	S. Suffix	Received—City S Date: 3:56	Secretary Office			
4 ORIGINAL REPORT	January 15	Runoff Other (specify)	Date Hand-delivered o	r Date Postmarked			
TYPE	July 15	Exceeded \$500 limit	Receipt #	Amount			
	30th day before election	15th day after treasurer appointment (officeholder only)	Legal	Totals			
	8th day before election	Final report	Date Processed				
5 ORIGINAL PERIOD COVERED	Month Day Year 4 / 0 ( / 08 1	THROUGH 4/30 /08	Date Imaged				
6 EXPLANATION OF COR	RECTION	Charles and English	C/ALL 5	Clou			
1) Prior Report had 1) Missing Date Stamp Recid Form Cor-c/OH, Form C/OH Cover sheet pg 192) No notary witness C/OH Cover Sheet pg 2.  1) Correct Contribution Balance to include policentributions.							
0 of 750 or	of 750 or 1833, - 410 line -						
B Correct Actual Vendor Name and address.  (1) Correct Pol. Expense 4/21/08 to Agency Signs to include purpose.  (2) Christy purpose of Pol. Expenditures 4/03/08 - Som's Ciub, 4/03/08 -  Office Depot, 4/07/08 - Office Depot, 4/15/08 - King Dollary 4/19/08 - OFFice  October name or address for 4/03/08 Post office, 4/15/05 Admirations, 4/9/8  Polic of America.							
7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected							
report is true and correct.							
Check ONLY if applicable:							
BETSY B. GATES  Notary Public, State of Texas  My Commission Expires 03-09-2011  Signature of Condidate or Officeholder.							
AFFIX NOTARY STAMP / SEAL ABOVE Signature of Candidate or Officeholder							
Sworn to and subscribed before me by DEREK TOWNSEAD SR this the 5 day of OCTOBER.							
20 10. to certify which, witness my hand and seal of office.  BUT B. Hotto BEBY B. GATES ASIST. CITY SECRETARY  Signature of officer administering oath Printed name of officer administering oath  Title of officer administering oath							
Remember To Attach Any Part Of The Campaign Finance Report Form  Needed To Report And Explain Corrections							

## **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Suide explains how to complete this form.	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR DE FIRST	S	OFFICE USE ONLY	
NAME	NICKNAME LAST	SUFFIX	Date Received	
	Townser	nd Sr.	Received City Secretary Office Date: 2-5-70	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX: APT / SUITE #: CO	CITY; STATE: ZIP CODE	Time: 3:50 P.M.	
MAILING ADDRESS Change of Address	Tomball. Tx		Date Hand-delivered or Date Postmarked	
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER (281) 357-1561	EXTENSION	Receipt # Amount	
PHONE 6 CAMPAIGN	MS/MRS/MR , ( FIRST	MI	Dale Processed	
TREASURER NAME	NICKNAME LAST	SUFFIX	Date Imaged	
	Townsen	d		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	30618 WM J	uergens Tom	bcull, TX. 77375	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 357-1561	EXTENSION	-	
9 REPORTTYPE	January 15 30th day before electio	on Runoff	15th day after campaign treasurer appointment (officeholder only)	
	July 15 8th day before election	Exceeded \$500 timit	Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year H/OI/O8 THRO	ugh 4/30,	Year / 08	
11 ELECTION	ELECTION DATE ELECTION TYLE  Month Day Year	PE		
	5 / 10 / 08 Primary		General Special	
12 OFFICE	OFFICE HELD (if any)	Council	Pos. 1	
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.  Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure.  ***			
EXPENDITURE BY OTHER INDIVIDUALS	Name			
	Address / PO Box; Api. / Suite #; City; State:	Zıp Code		
additional pages				
-,	GO ТО	PAGE 2		

## **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	serek -	s. Townsend Sr.	16 ACCOUNT # (Ethics Commission Filers			
17 NOTICE FROM POLITICAL	candidate / officehol	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.				
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
	GENERAL SPECIFIC	COMMITTEE ADDRESS				
	- SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
additional pages		GOMMAN TEE GOMMAN (REAGURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
18 CONTRIBUTION TOTALS	1. TOTAL	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 70.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$3095.00			
EXPENDITURE TOTALS	3. TOTAL I	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZE	\$ 20.00			
	4. TOTAL	POLITICAL EXPENDITURES	\$5686.30			
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA DRTING PERIOD	\$ O			
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH Y OF THE REPORTING PERIOD	\$ 4922.99			
19 AFFIDAVIT	BETSY E Notary Public, My Commission E	State of Texas xpires 03-09-2011				
AFFIX NOTARY STAMP		DEALK TOU LISEAUS CO	. سز			
Sworn to and subscrib	A A	he said DEALK TOWNSEND SR. ify which, witness my hand and seal of office.	, this the day			
Signature of officer adm	hinistering oath	BETSY B GATES ASSIS	T, CTY SECETARY le of officer administering oath			

POLIT	SCHEDULE F	
The Instru	1 Total pages Schedule F:	
2 FILER NAM	ek S. Townsend Sr	3 ACCOUNT # (Ethics Commission filers)
4-02-08	7 Amount (\$)  \$ 133.05	
post		Complete if direct expenditure to benefit C/OH •• / Officeholder name Office sought Office held
Date 4-03-08	Payee name Sam's Club Payee address: City: State: Zip Code 7950 W. FM 1960 Houston;	TX, 77070 \$ 44.06
and w	riting pads for meet and	Complete if direct expenditure to benefit C/OH ·· Officeholder name Office sough Office held
Date 4-03-08	Payee name Office Depot Payee address: City: State: Zip Code 17711 Tomball Pkwy. Tomball	Amount (\$)  17X 77064 \$151.50
envelop	Mpagn Materials - Candidate /	Complete if direct expenditure to benefit C/OH •• Officeholder name Office sough Office held
Date 4-07-08	Payee name Office Depot Payee address; City: State: Zip Code 14424 FM 2920 Tomball TX 77	Amount (\$) 1377
	00 C 0 1 C 10 10 0 0 11 0 0 0 11 0 0 0 0	Complete if direct expenditure to benefit C/OH •• Office holder name. Office soughl Office held
	ATTACH ADDITIONAL COPIES OF THIS FO	DRM AS NEEDED

Texas Ethics C	Commission	P.O. Box 12070	Austin,	Texas	78711-2070	(512) 463	3-5800	1-800-325-8506
POLITI	CAL EXP	ENDITURES	<b>)</b>				SCI	HEDULE <b>F</b>
The Instruc	tion Guide expla	ins how to complete	e this form.			1 Total page	es Schedule F:	6
2 FILER NAMI	E Derek	(S. Tou	Insu	nd	Sr.	3 ACCOUNT	T# (Ethics Com	mission (iters)
4 Date 4-03-08	5 Payee name United 6 Payee addres 122 T Tomd	States F Siscilly State V. Holdi Dalli TX	Costal le: Zip Code CVVC	1.5e	rvice (1	U.S.P.S.	*21-	Amount (\$)
required.)	-	ions regarding type of in For Mail a Schedule 1)	12/5 87	9 Can	Complete ndidate / Officehok	if direct expenditure der name	e to benefit C/ Office sought	OH •• Office held
Date 4-11-08	Payee name Agen C Payee addres 314 Co	y Signs cit state mmerce	e: Zip Code Tom (	oall	יו יאני	7375	\$ 2	Amount (\$) 84.00
required.)	ment (See instruction Perign of Texas, complete	<b>3</b>	formation	Can	↔ Complete ididate / Officehold	if direct expenditure der name	to benefit C/0 Office sought	OH · · Office held
Date 4-15-08	Payee name Admir Payee address 6615 Sprir	ations si Northriv	a: Zip Code	11a	ce			Amount (\$)
Bala	ment (See instruction  CC ON  de of Texas, complet	ons regarding type of inf +-SNIT+S te Schedule T)	*	Can	·· Complete i didate / Officehold	if direct expenditure ler name	to benefit C/C Office sought	OH •• Office held
Date 4-17_08	Payee name HCN ( Payee address 8 25 Tom (	oal, Tx	3940	Icw 13	50000 Dr. 15	er)	\$41	Amount (\$) 5.38
required.) Ad	4	ons regarding type of info 3 - S Schedule T)	ormation	Cano	Complete i didate / Officehold	f direct expenditure er name	to benefit C/C Office sought	Office held
		NTTACH ADDITION	IAL CODIEC	e oe ti	HIS EODM AS	NEEDED		

Purpose of payment (See Instructions regarding type of information

return of brochure materials

(If travel outside of Texas, complete Schedule T)

P.O. Box 12070

Derek S. Townsend Sr.

POLITICAL EXPENDITURES

The Instruction Guide explains how to complete this form.

Texas Ethics Commission

2 FILER NAME

4-18-08

Amount \$ 292.28 1225 Alma Tomball, Tr. 77375 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Candidate / Officeholder name Office sought Office held · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held campaign refreshments for

nmerce Tombell, TK, 77375

Tomball Pkwy Tomball, Tx. 77375

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

City: State: Zip Code

Austin, Texas 78711-2070

(512) 463-5800

Total pages Schedule F:

3 ACCOUNT # (Ethics Commission filers)

6

1-800-325-8506

SCHEDULE F

Office sought

Office sought

·· Complete if direct expenditure to benefit C/OH ··

· Complete if direct expenditure to benefit C/OH ·

Candidate / Officeholder name

Candidate / Officeholder name

Office held

Office held

Amount

Texas Ethics C	Commission P.O. Box 12070 Austin, Texas 78711-2	070 (512) 463	3-5800 1-800-325-8506
POLITI	CAL EXPENDITURES		SCHEDULE F
The Instruc	tion Guide explains how to complete this form.	1 Total page	s Schedule F:
2 FILER NAMI	Perek S. Townsend Sr.	3 ACCOUNT	# (Ethics Commission filers)
4 Date 4-19-08	5 Payee name OFFICE DEPOT 6 Payee address: City: State: Zip Code 14424 FM 2920 TOM DOLL, TY, 77375		7 Amount (\$) \$1298
required.)	ment (See instructions regarding type of information 9 Co.	mplete if direct expenditure ficeholder name	e to benefit C/OH •• Office sought Office held
Date 4 -19-08	Payee name Office Depot Payee address; City: State: Zip Code 14424 FM 2920 Tomball, TX 77375		# 518, 51
Composi		nplets if direct expenditure liceholder name	to benefit C/OH •• Office sought Office held
Date 4-21-08	Payee name Agency SignS Payee address: City: State: Zip Code 314 Commerce Tomball, TX 77375		*272.64
campay	ment (See instructions regarding type of information  "Candidate / Offi  The of Texas, complete Schedule T)	nplete if direct expenditure iceholder name	to benefit C/OH ↔ Office sought Office held
Date 4-01-08	Payee name Bank of America  Payee address: City: State: Zip Code  1431 Graham Dr.  Tomball, Tx. 77375		Amount (s)
check	nent (See instructions regarding type of information Com Candidate / Offit of Texas, complete Schedule T) CHECKING OCCA,	nplete if direct expenditure ceholder name	to benefit C/OH Office sought Office held
	ATTACH ADDITIONAL CODIES OF THIS SOD	M AC MEEDED	

POLITICAL EXPENDITURES  SCHEDULE F  The Instruction Guide explains how to complete this form.  1 Total pages Schedule F:  2 FILER NAME  Derek S. Townsend Sr.  3 ACCOUNT # (Ethics Commission Blues)  4 Date  5 Payee name  Office Depot  4 Campose of payment (See instructions regarding type of information required.)  Campoign brochure malerials  (It travel outside of Texas, complete Schedule T)  Date  Payee name  King Dalar  Payee address: City: State: Zip Code  4 Candidate / Officeholder name  Amount  (8)  4 Candidate / Officeholder name  Amount  (8)  4 Total pages Schedule F:  6 Payee address: City: State: Zip Code  Candidate / Officeholder name  Amount  (8)  4 Total pages Schedule F:  6 Payee address: City: State: Zip Code  Payee address: City: State: Zip Code  4 Payee address: City: State: Zip Code  4 Total pages Schedule F:  7 Amount  (8)  4 Complete il direct expenditure to benefit C/OH  Candidate / Officeholder name  Office soughi  Amount  (8)  4 Total pages Schedule F:  6 Payee address: City: State: Zip Code  4 Total pages Schedule F:  6 Payee address: City: State: Zip Code  4 Total pages Schedule F:  6 Payee address: City: State: Zip Code  5 Total pages Schedule F:  6 Payee address: City: State: Zip Code  4 Total pages Schedule F:  6 Payee address: City: State: Zip Code  5 Total pages Schedule F:  6 Payee address: City: State: Zip Code  5 Total pages Schedule F:  6 Payee address: City: State: Zip Code  7 Amount  (8)  6 Payee address: City: State: Zip Code  7 Amount  (8)
2 FILER NAME DEVEK S. TOWNSEND Sr. 3 ACCOUNT # (Ethics Commission filers)  4 Date 5 Payee name
Derek S. Townsend Sr.  4 Date 5 Payee name Office Depot (\$) \$ 90.90  4-14-08 6 Payee address: City: State: Zip Code 14-14-08 6 Payee address: City: State: Zip Code 14-14-08 14-14-08 6 Purpose of payment (See instructions regarding type of information required.)  8 Purpose of payment (See instructions regarding type of information required.)  Campaign brochure malerials (if travel outside of Texas, complete Schedule T)  Date Payee name King Dollar  Payee address: City: State: Zip Code \$51.92
Office Depot  4-14-08 6 Payee address: City: State: Zip Code  14 424 FM 2920 Tomball TX.77377  8 Purpose of payment (See instructions regarding type of information required.)  Campaign brochure malerials  (If travel outside of Texas, complete Schedule T)  Date Payee name  King Dallar  Payee address: City: State: Zip Code  \$ 90.90  Complete if direct expenditure to benefit C/OH Candidate / Officeholder name  Office held  (\$)  Amount  (\$)  4-15-08  Payee address: City: State: Zip Code
required.)  Campaign brochure moderials  (If travel outside of Texas, complete Schedule T)  Candidate / Officeholder name  Office sought  Office held  Office held  Amount  (\$)  4-15-08  Payee address;  City: State: Zip Code
4-15-08 Ring Dollar City: State: Zip Code \$51.92
Value of the state
Purpose of payment (See instructions regarding type of information required.) COMPOUGN SUPPOTIES  (If travel outside of Texas, complete Schedule T)  "Complete if direct expenditure to benefit C/OH "Cendidate / Office holder name Office sought Office held
Payee name Office Depot Payee address: City: State: Zip Code  4-18-08  14424 FM 2920 Tomball, TX 77375  Amount (\$)  \$-16.23
Purpose of payment (See instructions regarding type of information required.)
Date Payee name Blueberry Potch Payee address; City: State: Zip Code  4-24-08  23227 Snook Ln. Tombell, TX 17375
Purpose of payment (See instructions regarding type of information required.)  Campaign Mutting (If travel outside of Texas, complete Schedule T)  ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name. Office sought Office held

Texas Ethics C	commission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-5800	1-800-325-8506	
POLITI	CAL EXPENDITURES		S	CHEDULE F	
The instruc	tion Guide explains how to complete this form.		1 Total pages Schedule F: 6		
2 FILER NAM	Derek S. Townsend	d Sr.	3 ACCOUNT # (Ethics (	Commission filers)	
4 - 27-08	Pizza Hut 6 Payee address; City; State; Zip Code 1211 W. Main Tomba	5	Amount (\$)		
required.) Campo	ment (See instructions regarding type of information  LYN WORKER LUNCH  e of Texas, complete Schedule T)	9 •• Complete if de Candidate / Officeholder r	rect expenditure to benefit name Office soug		
Date 4 - 28-08	Payee name Agency Signs Payee address: City: State: Zip Code 314 Commerce Tombo	UI, TX. 17375	. \$ 10	Amount (\$) 98.25	
Can Can	ment (See instructions regarding type of information  OUGN BUNNER  of Texas, complete Schedule T)	Complete if di Candidate / Officeholder n	rect expenditure to benefit lame Office sough		
Date 4-24-08	Payee name Office Depot Payee address: City: State: Zip Code  14424 FM 2920 Tomb	oall TX 77:	\$ .	Amount (\$)	
materi	ment (See instructions regarding type of information  OS FOR MAGNETIC SIGNS  AND PARK te of Texas, complete Schildule T)	Complete il dir Candidale / Officeholder n	ect expenditure to benefit ame Office sough		
Date 4-2408	Payee name HCN Potpourri A Payee address: City: State: Zip Code 825 Village Square Tombul, Txp 75	lewspaper) e Dr. 1375	\$L	Amount (S)	
required.) Ad	nent (See instructions regarding type of information $4-30-98$ of Texas, complete Schedule T)	Complete if dir Candidate / Officeholder n	ect expenditure to benefit ame Office sough		
······································	ATTACH ADDITIONAL COPIE	S OF THIS FORM AS N	EEDED		